UP TO CODE

Using ICD-9 CM Codes in Occupational Health

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OBJECTIVES

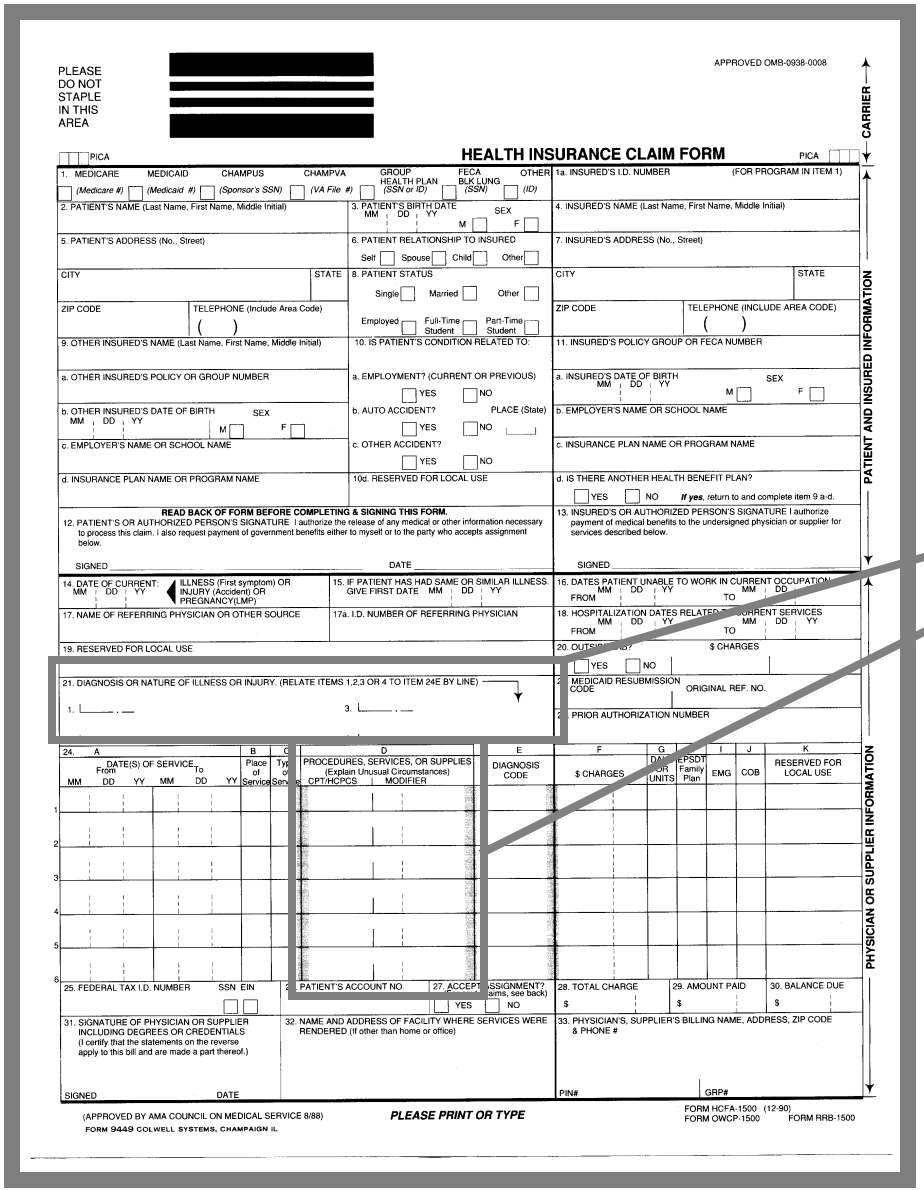
- **Review History of Basic Coding**
- **Recognize the format of ICD-9 Codes**
- **Practice ICD-9 Coding**
- **ANTICIPATE limitations & changes**

ICD - 9 CM Coding
A Historical Perspective

- **Official Coding System in United States**
- **World Health Organization (WHO)**
- **Center for Medicare and Medicaid Services (CMS) and National Center for Health Statistics (NCHS)**
- **Clinical Modification ICD-9CM**

Example: ICD - 9 CM Coding
A Historical Perspective

Edition	Mesothemioma
5th	47 Cancer of Respiratory System
6th	53, 157, 163, 197, 199 Malignant neoplasm
7th	158,162.1, 162.2, 163, 165, 197
8th	158.9, 163.0
9th	158.9, 163



PLEASE DO NOT STAPLE IN THIS AREA

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APPROVED OMB-0938-0008

PICA

HEALTH INSURANCE CLAIM FORM

PICA

CARRIER

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) CHAMPUS (Sponsor's SSN) CHAMPVA (VA File #) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (INCLUDE AREA CODE) ( )

PATIENT AND INSURED INFORMATION

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? PLACE (State) YES NO

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? $ CHARGES YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. ___ 3. ___

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

PHYSICIAN OR SUPPLIER INFORMATION

24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
1											
2											
3											
4											
5											
6											

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

PIN# GRP#

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

FORM 9449 COLWELL SYSTEMS, CHAMPAIGN IL

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90)
FORM OWCP-1500 FORM RRB-1500

Block 21
Block 24D

Other Coding Systems

- Medical Necessity, ICD, 1948
- NATO Standardization Agreement STANAG 2050
- Association of Occupational & Environmental Clinics (AOEC) Exposure Codes

Format: ICD-9 CM

Overview

- Numeric codes: three digit with subdivisions
- Presented as Volume 1 and 2
- “V” Codes
- “E” Codes

Format – ICD-9 Code Categories

ICD-9 codes are organized by categories of disease or conditions:

(001-139) Infectious and Parasitic Diseases
(140-239) Neoplasms
(240-279) Endocrine, Nutritional, Metabolic Immunity Disorders
(280-289) Diseases of the Blood and Blood-Forming Organs
(290-319) Mental Disorders
(320-389) Diseases of the Nervous System and Sense Organs
(390-459) Diseases of the Circulatory System
(460-519) Diseases of the Respiratory System
(520-579) Diseases of the Digestive System
(580-629) Diseases of the Genitourinary System
(630-677) Complications of Pregnancy, Childbirth, and the Puerperium
(680-709) Diseases of the Skin and Subcutaneous Tissue
(710-739) Musculoskeletal System and Connective Tissue Diseases
(740-759) Congenital Anomalies
(760-779) Certain Conditions Originating in the Perinatal Period
(780-799) Symptoms, Signs, and Ill-Defined Conditions
(800-999) Injury and Poisoning
V01-V82 V Codes - Factors Influencing Health Status and Contact With Health Service
E800-E999 E Codes - Classification of External Causes of Injury and Poisoning

ICD-9 Coding Practices

General guidelines

- Code the primary diagnosis first, followed by the secondary, tertiary, etc. diagnosis. The primary diagnosis is the main reason *"the Chief Complaint"* for the patient visit.
- Code coexisting conditions that affect the patient's treatment in that visit. Code chronic conditions when they apply to the patient's treatment. *Don't code diagnoses that are no longer being treated or that don't affect your care of the patient.*

Format – ICD-9 Coding

- ICD-9 codes may have three to five digits. Each digit provides important information about the patient's condition.
  - ✓ 250 diabetes mellitus
  - ✓ 250.1 diabetes with ketoacidosis
  - ✓ 250.13 uncontrolled type 1 diabetes with ketoacidosis.

Mental Health

Multi axial Dx - Mental Health

- Major depressive disorder
  - Single 296.2
  - Recurrent 296.3
- Dysthymia 300.4
- Depression (NOS) 311

Coding for PAIN

780 - 799

- Acute Abdomen vomiting, 787.01 abdominal pain 789.0

- Painful conditions - disease specific

ICD-9CM Coding Injury coding

Low Back Pain: Primary care & OEM

31 yo, no red flags, conservative therapy

No Specific Complaint – no number

- Preventive measure
- Requirement for employment
- Medical necessity for healthy worker

ICD-9CM Coding Surveillance Exams

UNIQUE VISITS TO THE OEM PRACTICE

- Without specific symptoms or complaints
- Preventive measure
- Requirement for employment

Medical necessity for healthy worker

V codes - Supplementary

(V01-V06) Communicable Disease

(V10-V19) Personal & Family History

(V20-V29) Reproduction and Development

(V30-V39) Liveborn Infants according to type of birth

(V40-V49) Persons with a condition Influencing their Health Status

(V50-V59) Specific Procedures and Aftercare

(V60-V68) Health Services in Other Circumstances

(V70-V82) Diagnosis Encountered During Examination and Investigation of Individual and Populations

ICD-9CM Coding Surveillance Exams

V CODE CLASSIFICATION UNIQUE TO OEM

- V68.0
- V70.3
- V70.5

ICD-9CM Coding Surveillance Exams

V CODE CLASSIFICATION UNIQUE TO OEM V68.0

- Administrative purposes
  - issuance of a medical certification
  - rating
  - statement.

ICD-9CM Coding Surveillance Exams

V CODE CLASSIFICATION UNIQUE TO OEM V68.0

- Primary diagnosis
  - OSHA mandated certification program,
    - respiratory protection program
  - secondary diagnosis for the RTW,
    - issuance of a fitness for duty statement.

ICD-9CM Coding Surveillance Exams

V CODE CLASSIFICATION UNIQUE TO OEM V 70.3

- Examinations for administrative purposes
  - drivers license under Department of Transportation guidelines
  - military specific motor vehicle operating permits including crane operator exams

ICD-9CM Coding Surveillance Exams

V CODE CLASSIFICATION UNIQUE TO OEM V 70.3

- Secondary diagnosis
  - for a disability evaluation when the physician completes an impairment rating
  - other insurance certificate.
- For the DE, the primary diagnosis is the numeric code for the injury

ICD-9CM Coding Surveillance Exams

V CODE CLASSIFICATION UNIQUE TO OEM V 70.5

- Health exams for defined populations
  - medical surveillance
- May use additional secondary V codes for more detail

ICD-9CM Coding Surveillance Exams

V CODE CLASSIFICATION UNIQUE TO OEM

V Code (examples)	Title of Examination.	Worker Population
V72.0	eye & vision	sight conservation
V72.1	ears, hearing	hearing conservation
V15.3	irradiation	radiation workers
V15.84	asbestos	abatement workers
V15.85	hazardous body fluids	health care workers
V15.86	lead	abatement workers
V15.89	other stressors	other programs for stressors

ICD-9CM Coding Surveillance Exams

RETURN-TO-WORK (RTW) and DISABILITY EXAMS (DE)

RTW

- Primary code
  - provisional symptoms
  - specific diagnoses
- Secondary code: V68.0

ICD-9CM Coding Surveillance Exams

RETURN-TO-WORK (RTW) and DISABILITY EXAMS (DE)

Disability Exam

- Primary code
  - primary diagnosis
  - provisional symptoms
  - specific diagnoses
- Secondary code: V70.3

E Code - External Causes

(E800-E807) Railway Accidents
(E810-E819) Motor Vehicle Accidents
(E820-E825) Motor Vehicle Non-traffic Accidents
(E826-E829) Other Road Vehicle Accidents
(E830-E838) Water Transport Accidents
(E840-E845) Air and Space Transport Accidents
(E846-E848) Vehicle Accidents Not Elsewhere Classifiable
(E850-E858) Accidental Poisoning by Drugs, Medicinal Substances & Biologicals
(E860-E869) Accidental Poisoning By Other Solid & Liquid Substances, Gases and Vapors
(E870-E876) Misadventures to Patients During Surgical and Medical Care
(E878-E879) Surgical and Medical Procedures
(E890-E899) Accidents Caused By Fire & Flames
(E900-E909) Accidents Caused By Natural and Environmental Factors
(E910-E915) Accidents caused by Submersion, Suffocation and Foreign Bodies
(E916-E928) Other Accidents
(E929) Late Effects of Accidental Injury
(E930-E949) Drugs, Medicinal & Biological Substances Causing Adverse Effects in Ther.Use
(E950-E959) Suicide & Self-Inflicted Injury
(E960-E969) Homicide & Injury Purposely Inflicted By Other Persons
(E970-E978) Legal Intervention
(E980-E989) Injury Undetermined Whether Accidentally or Purposely Inflicted
(E990-E999) Injury Resulting From Operations of War

E-Codes Occupational Health

Definition	E code
Hypodermic needle as cause of accident	E920.5
Overexertion and strenuous movements from pulling, lifting, and pushing	E927
Exposure to noise, noise pollution and sound waves	E928.1
Motor vehicle accidents involving collision on the highway with injury to the:	
driver of the vehicle	E814.0
passenger	E814.1
pedestrian	E814.7
Motor vehicle accident involving collision with other motor vehicle with injury to the:	
driver	E812.0
passenger	E812.1
Accidental poisoning by insecticides of the organophosphorus compounds	E863.1

Coding Guidelines: Family Practice vs OEM

Low Back Pain - 31 yo

	Family Practice	OEM
Numeric code	724.2	724.2
Disability Evaluation rating	V70.3	
Return to work evaluation		V68.0
Cause of injury	E 927	

Medical Templates for the Occupational Health Clinic

UNIQUE VISITS TO THE OEM PRACTICE

	ICD-9 Diagnosis		Evaluation and Manageme
V68.0	X: Certification	99385	Worker New 18-39 yr.
V70.3	X: Motor Vehicle	99386	Worker Exam New 40-60
V70.5	X: Surveillance	99395	Worker Exam Est. 18-39
V62.2	X: Worker Dissatisfaction	99396	Worker Exam Est. 40-60
V26.4	X: Reproductive Concerns	99403	Preventive Counsel, Indi
		99412	Preventive Counsel Group
V15.3	Y: Radiation Exam	99362	Walk Through
V15.84	Y: Asbestos Exam	99456	Disability Exam, Non
V15.85	Y: Hazardous Body Fluid		
V15.86	Y: Lead Exam		
V72.0	Y: Vision/Laser		
V72.1	Y: Hearing Conservation		

RECOMMENDED V CODES FOR OCCUPATIONAL HEALTH

Visit Type	Primary Code(s)	Secondary
Return To Work	Provisional symptoms or specific diagnosis	V68.0
Disability Evaluation	Specific diagnosis or FFD	V70.3
Certification	V68.0	None
Driver's License Exam	V70.3	None
Surveillance	V70.5	Table 3-3
Consult	Specific diagnosis	V70.5

Future - ICD-10

Factors influencing health status and Contact with health services Z00-Z99

Z56 **Problems related to employment and unemployment**

Z57 **Occupational exposures to risk-factors**

- Z57.0 Occupational exposures to noise
- Z57.1 Occupational Health exposure to radiation
- Z57.2 Occupational Health exposure to dust
- Z57.3 Occupational Health exposure to other air contaminants
- Z57.31 Occupational Health exposure to env. tobacco smoke

Z58 **Problems related to physical environment**

- Z58.0 Exposure to noise
- Z58.1 Exposure to air pollution
- Z58.2 Exposure to water pollution
- Z58.8 Other problems related to physical environment
- Z58.81 Exposure to Lead
- Z58.82 Exposure to Asbestos

Web Site For ICD Codes

- www.eicd.com
- http://justcoding.com
- http://www.ama-assn.org
- http://chppm-www.apgea.army.mil /documents/ TG/techguid/
- http://www-nehc.med.mil/od /Documents/code1.pdf

Up To Code

- Standard Coding
- ICD-9cm
- Use of V Codes
- E Codes, if available
- ICD-10 Upcoming